# FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

13885	37			
OMB APPROVAL				
OMB Number: 3235	-0076			
Expires:				
Estimated average burden				
hours per response 16.00				

SEC USE ONLY						
Profix		Serial				
DATE RECEIVED						
		·				

******	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	BEST AVAILABLE CO
common stock	DDO GEOGED
Filing Under (Check box(cs) that apply):	PROCESSED
A. BASIC IDENTIFICATION DATA	FEB 0 5 2007
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) 7 Loaves, Inc.	THOMSON FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
24 Frank Lloyd Wright Dr. H 2200, P.O. Box 543, Ann Arbor, MI 48106	734-786-8223
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Tetephone Number (Including Area Code)
same	same
Brief Description of Business	
whotesaler of fair trade artisan products	
Type of Business Organization  Corporation   limited partnership, already formed   other ()	please specify): 200 X
Month Year  Actual or Estimated Date of Incorporation or Organization: 10 03 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada: FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal:  16th Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D.  177d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
Il'hen To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	. A notice is deemed filed with the U.S. Securities selow or, if received at that address after the date on
Phere To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual shotocopies of the manually signed copy or hear typed or printed signatures.	ly signed. Any copies not manually signed must be
information Required: A new filing must contain all information requested. Amendments need only reponderete, the information requested in Part C, and any material changes from the information previously supported by filed with the SEC.	ort the name of the issuer and offering, any changes lied in Parts $\Lambda$ and $B$ . Part $E$ and the Appendix need
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s	sales of securities in those states that have adopted

– ATTENTION -

ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filling of a federal notice.

this notice and must be completed.

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: 1 Each promoter of the issuer, if the issuer has been organized within the past five years: Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Director General and/or Promoter ■ Beneficial Owner Executive Officer Check Box(cs) that Apply: Managing Partner Full Name (Last name first, if individual) Cteveringa, Chad J. Business or Residence Address (Number and Street, City, State, Zip Code) 24 Frank Lloyd Wright Dr. H 2200, P.O. Box 543, Ann Arbor, MI 48106 Promoter Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: ✓ Director Managing Partner Full Name (Last name first, if individual) Striffler, Christian P. Business or Residence Address (Number and Street, City, State, Zip Code) 24 Frank Lloyd Wright Dr. H 2200, P.O. Box 543, Ann Arbor, MI 48106 Beneficial Owner Executive Officer Director General and/or Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer Director General and/or Check Box(cs) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				B. IN	FORMATI	ON ABOU	T OFFERI	NG				
1. Use the igner sold or does the issuer intend to sell to non appreciated investors in this offering?							Yes <b>⊠</b>	No				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.								<u> </u>	لينا			
2. What is the minimum investment that will be accepted from any individual?								s_5,000.00				
2 Descri									Yes	No $\square$		
	<ul> <li>3. Does the offering permit joint ownership of a single unit?</li> <li>4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any</li> </ul>											
enter the information requested for each person who has been or with be paid of given, directly of indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name (	Last name	first, if indi	vidual)		<u>-</u> .			- <del>-</del>				_
Business or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)		· <u>-</u>				
		1 0					···					
Name of As	zocialed Bi	oker or Dea	Bier									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	urchasers		-			<u> </u>	
(Check	"All States	or check	individual	States)			*****************				AI	l States
AL	ΛK	ΛZ	AR	CA	co	CT	DE	DC	FL	GA	H	(ID)
(II.) (MT)	NE	NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	V∧	WA	WV	WI	WY	PR
Full Name	Full Name (Last name first, if individual)											
Business o	r Residence	Address (?	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	sociated B	oker or De	aler				<u> </u>					
States in W	hich Persor	Listed Has	s Solicited	or Intends	to Solicit 1	Purchasers	,				<del></del>	·· <u>·</u>
(Check	"All State:	s" or check	individual	States)	••••••••			***************************************			☐ All States	
AL	ΛK	AZ	AR	ÇA	CO	CT	DE	DC	FI.	GA	HI	ID
II.	N.		KS	ΚΥ	LA	ME NY	MD NC	MA ND	MI)	OK MN	MS OR	MO PA
(MT)	NE SC	NV SD	NH TN	TX	UT	VT	VA	WA	WV	Wi	WY	PR
Full Name	(Last name	first, if ind	ividual)		<u> </u>				<del></del>			
Business o	Business or Residence Address (Number and Street, City, State, Zip Code)											
Name of Associated Broker or Dealer												
States in W	high Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		<del></del>				· —
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)												
[AL]	AΚ	ΔŽ	AR	CA	CO	CT)	DE	DC	FL	GA	HL	ĪĎ
	N]		KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND) WA	ЮH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Type of Security Sold Equity \_\_\_\_\_\_\_\_ \$ 250,000.00 50,000.00 ☑ Common ☐ Preferred Convertible Securities (including warrants)......\$ Other (Specify \_\_\_\_ 50,000.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors 50.000.00 \$ 50,000.00 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this fitting is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Sold Type of Offering Security \$ 0.00 Rule 505 \$ 0.00 Regulation A ..... 0.00 Rule 504 \_\_\_\_\_\_\_ 0.00 Total Furnish a statement of all expenses in connection with the issuance and distribution of the

securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS		
	and total expenses furnished in response to Part C	fering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross		\$	
<b>5</b> .	each of the purposes shown. If the amount for	proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross art C — Question 4.b above.			
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		s 12,000.00		
	Purchase of real estate	[			
	Purchase, rental or leasing and installation of mand equipment	achinery[		s	
	Construction or leasing of plant buildings and f	acilities	]\$		
	Acquisition of other businesses (including the offering that may be used in exchange for the access oversion) to a moreon.	ralue of securities involved in this sects or securities of another	¬ <b>∢</b>		
	<del>-</del>			_	
		[			
			s		
	Column Totals	[	S_12,000.00	S 235,000.00	
	Total Payments Listed (column totals added)	nents Listed (column totals added)		247,000.00	
Г	•••	D. FEDERAL SIGNATURE			
sig	nature constitutes an undertaking by the issuer to	he undersigned duly authorized person. If this notice furnish to the U.S. Securities and Exchange Commiscoredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	le 505, the following in request of its staff,	
Issi	ter (Print or Type)	Signature	Date	<del></del>	
7 I	oaves, Inc.	Comment !	January 10,2007		
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)			
Cha	d J. Cleveringa	President and Chief Executive Officer			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)